TRANSMITTAL
FORM

Application Serial Number	10/501,319
Filing Date	October 28, 2004
First Named Inventor	Schubert
Group Art Unit	1773
Examiner Name	Kevin Kruer
Attorney Docket No.	20496-445
Patent No.	Not applicable
Issue Date	Not applicable

ENCLOSURES (check all that apply)

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form
<input type="checkbox"/> Check Attached
<input checked="" type="checkbox"/> Copy of Fee Transmittal Form

<input checked="" type="checkbox"/> Amendment/Response
<input type="checkbox"/> Preliminary
<input checked="" type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets _____]

<input type="checkbox"/> Information Disclosure Statement
<input type="checkbox"/> Form PTO-1449
<input type="checkbox"/> Copies of IDS Citation Labeled C13

<input type="checkbox"/> Certified Copy of Priority Document(s)

<input type="checkbox"/> Sequence Listing submission
<input type="checkbox"/> Paper Copy/CD
<input type="checkbox"/> Computer Readable Copy
<input type="checkbox"/> Statement verifying identity of above | <input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553)

<input type="checkbox"/> Formal Drawing(s)

<input type="checkbox"/> Request For Continued Examination (RCE) Transmittal

<input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)

<input type="checkbox"/> Terminal Disclaimer

<input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application

<input type="checkbox"/> Small Entity Statement

<input type="checkbox"/> CD(s) for large table or computer program

<input type="checkbox"/> Amendment After Allowance

<input type="checkbox"/> Request for Certificate of Correction
<input type="checkbox"/> Certificate of Correction (in duplicate) | <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences

<input type="checkbox"/> Appeal Brief (in triplicate)

<input type="checkbox"/> Status Inquiry

<input checked="" type="checkbox"/> Return Receipt Postcard

<input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8

<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below)
<input checked="" type="checkbox"/> Copy of Foreign Patent (A) DE 195 34011 A1
<input checked="" type="checkbox"/> Copy of Foreign Patent (B) GB 2 332 875 A
<input checked="" type="checkbox"/> Copy of Foreign Reference (C) DE 1 840 170

<input checked="" type="checkbox"/> Petition for Extension of Time |
|--|--|---|

CORRESPONDENCE ADDRESS

Direct all correspondence to: Patent Administrator
Proskauer Rose LLP
One International Place
Boston, MA 02110-2600
Tel. No.: (617) 526-9600
Fax No.: (617) 526-9899

SIGNATURE BLOCK

Respectfully submitted,

Deborah M. Vernon
Attorney for the Applicant
Proskauer Rose LLP
One International Place
Boston, MA 02110-2600

Date: February 21, 2006
Reg. No.: 55,699
Tel. No.: (617) 526-9836
Fax No.: (617) 526-9899

FEB 21 2006

Express Mail Mailing Label No. EV 719219494 US

FEE TRANSMITTAL

FY 2005

Complete if Known

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Filing Date	October 28, 2004
First Named Inventor	Schubert
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METHOD OF PAYMENT

☒ Payment Enclosed:
☐ Check ☐ Money Order ☒ Other

☒ The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. **16-2500**

☒ Required Fees (copy of this sheet enclosed).

☒ Additional fee required under 37 CFR 1.16 and 1.17.

☒ Overpayment Credit.

☐ Applicant claims small entity status.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	Filing	Search	Examination	Fee Paid
Utility	300	500	200	
Design	200	100	130	
Plant	200	300	160	
Reissue	300	500	600	
Provisional	200	0	0	

Small Entity Discount**1. TOTAL****0****2. EXCESS CLAIM FEES**

Fee

Small Entity Fee (\$)

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent.

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent.

50

25

200

100

Total Claims

Extra Claims

Fee Paid (\$)

- 20 or HP= _____ x \$ _____ =

HP = highest number of total claims paid for, if greater than 20

Indep. Claims

Extra Claims

Fee Paid (\$)

- 3 or HP= _____ x \$ _____ =

HP = highest number of total claims paid for, if greater than 3

Multiple Dependent Claims

Fee(\$)
360Small Entity fee (\$)
180

Fee Paid (\$)

2. TOTAL:**0****3. APPLICATION SIZE FEE**

If the specification and drawing exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Additional 50 or fraction thereof	Fee (\$)	Fee Paid
-100=	0	/50=	round up to a whole number x	= 0.00

3. TOTAL:**0****CORRESPONDENCE ADDRESS**

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 Proskauer Rose LLP
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 Boston, MA 02110
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 Fax No.: (617) 526-9899

FEE CALCULATION (continued)**4. ADDITIONAL FEES**

Large Entity	Small Entity
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Fee (\$)	Fee (\$)	Fee Description	Fee Paid
130	65	Surcharge - late filing fee or oath	
50	25	Surcharge - late provisional filing fee or cover sheet	
130	130	Non-English specification	
2,520	2,520	Request for ex parte re-examination	
120	60	Extension for reply within 1 st mo.	
450	225	Extension for reply within 2 nd mo.	450
1,020	510	Extension for reply within 3 rd mo.	
1,590	795	Extension for reply within 4 th mo.	
2,160	1,080	Extension for reply within 5 th mo.	
500	250	Notice of Appeal	
500	250	Filing a brief in support of an appeal	
1,000	500	Request for oral hearing	
400	0	Petitions to the Director	
180	180	Submission of IDS	
790	395	Filing a submission after final rejection (37 CFR 1.129(a))	
790	395	For each additional invention to be examined (37 CFR 1.129(b))	
100	100	Certificate of Correction for applicant's error	
130	65	Submission of Terminal Disclaimer	

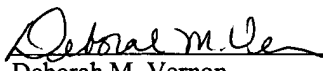
Other fee (Specify) _____

Other fee (Specify) _____

4. TOTAL:**450****TOTAL AMOUNT SUBMITTED****(\$ 450)****SIGNATURE BLOCK**

Respectfully submitted,

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